



# CHIRLA'S Know Your Rights!

## DVD Order Form

Name: \_\_\_\_\_

Business/ Organization/School: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

How did you hear about CHIRLA's "Know Your Rights!" DVD?

(a)	(b)	(c)	(d)	(e)	(f)	(g)
DVD PRICING: 1-5 DVD's	Suggested Donation per DVD for up to 5 DVDs	For 6 DVDs and above please add \$5 per DVD	QTY	Total Amount for first 5 DVDs If (d) less than 6 then (d)X(b)	Total Amount For 6 and above DVDs (d) - 5 X (c)	Grand TOTAL (e)+(F)
Non-Profit Organization/Schools	\$30	\$5		\$	\$	\$
Individuals	\$15	\$5		\$	\$	\$
Students	\$10	\$5		\$	\$	\$
Colleges/Universities	\$40	\$5		\$	\$	\$
Business Professionals	\$40	\$5		\$	\$	\$
CHIRLA Organizational Members	\$20	\$5		\$	\$	\$
CHIRLA Individual Members	\$10	\$5		\$	\$	\$
Shipping and handling per DVD	\$2	\$2		\$	\$	\$
			Total	\$	\$	\$

**\*Special Low-Income Rate May Apply – please call for info**  
**\* Shipments of over 40 DVD's will be shipped via Fed-Ex ground (Fed-Ex or credit card # required)**

**Payment Information**

<input type="checkbox"/> Check Check # _____ <input type="checkbox"/> Cash (do not mail cash) <input type="checkbox"/> Money Order	<input type="checkbox"/> Credit Card ( <u>Mastercard or Visa</u> ) Card#: _____ Exp. Date: ____/____
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**Shipping Options**

Please ship DVD via US Postal Service (default)

Please contact me regarding expedited shipping

I will pick up my DVD(s) from CHIRLA

**Fax or mail completed form and payment to:**  
 CHIRLA \* 2533 West 3<sup>rd</sup> Street \* Suite 101 \* Los Angeles \* California \* 90057  
 Fax (213) 353-1344 Tel. (213)353-1339 \* www.chirla.org